

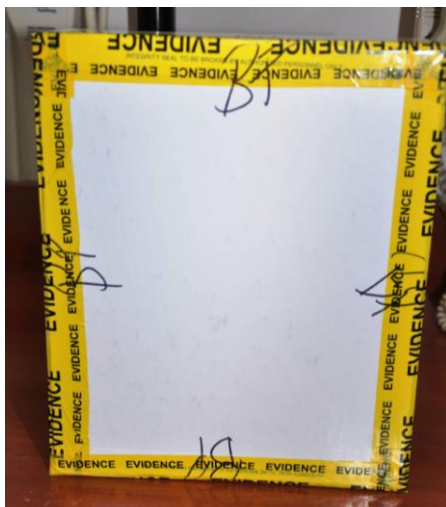
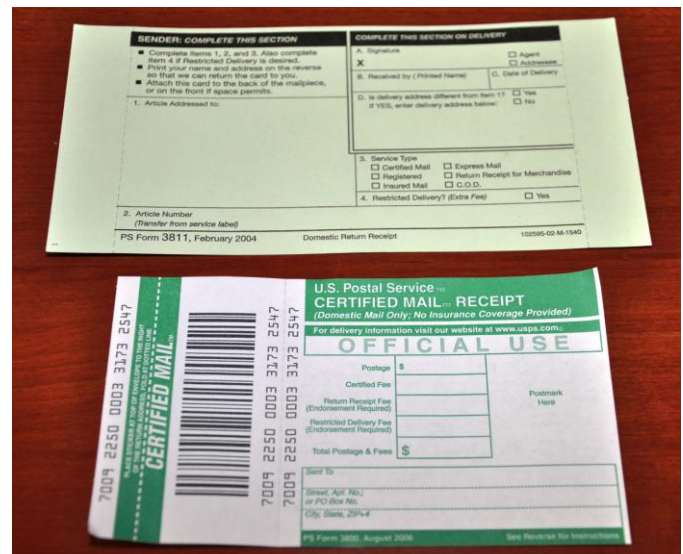
1. Prepare a packaging and shipping kit, to mail the PERK to DCLS.

Items needed:

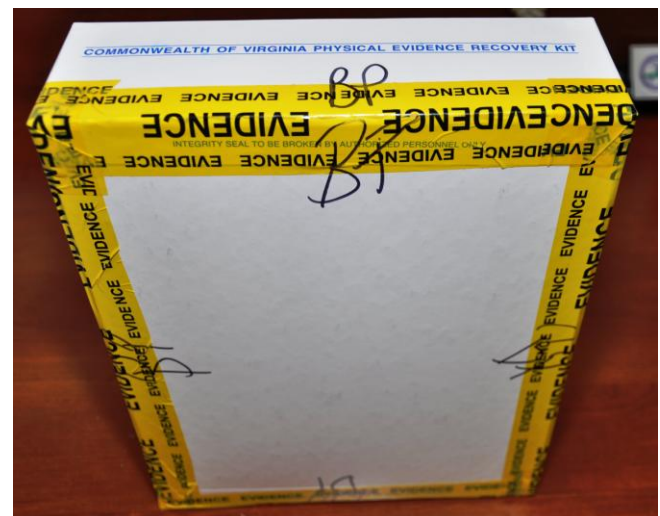
- Sturdy shipping box (approx. 12x10x4)
- Packing tape and evidence tape
- Labels
- Certified Mail Receipts

2. The box should be mailed via **U.S. Postal Service Certified Mail** to:

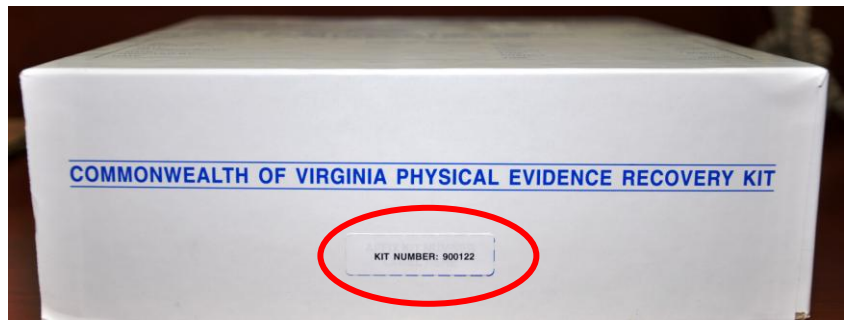
**Division of Consolidated Laboratory Services
600 North 5th Street
Richmond, VA 23219**



3. The PERK must be sealed on all four sides with tape and initialed on each side with initials on the surface of the box and on the tape.



4. The unique PERK number must be attached and clearly visible on the end of the PERK in the designated place.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE
VICTIM PHYSICAL EVIDENCE RECOVERY KIT

FOR HOSPITAL PERSONNEL

PATIENT'S NAME: _____ KIT NUMBER: 900122 (Print)

FACILITY: St. Mary's Hospital 804-281-8574 (Please Print) (Phone Number/Extension)

CLINICIAN(S): _____ (Please Print) (Title)

KIT SEALED BY: Bonnie Price, MSN, RN Forensic Nurse (Please Print) (Title)

☒ Contents needing preservation: ☐ Tampon/sanitary/napkin ☐ Other: _____
There are no liquid/wet contents in need of preservation

AFFIX POLICE SEAL HERE

Kit to be used if the assault occurred within 72 hours of the time of the medical evaluation

AFFIX POLICE SEAL HERE

CHAIN OF CUSTODY

RELINQUISHED BY: Bonnie Price AGENCY: St. Mary's Hospital
DATE: 10/10/09 TIME: 0230 am/pm

RECEIVED BY: Placed in locked mail box AGENCY: _____
DATE: _____ TIME: _____ am/pm

RELINQUISHED BY: _____ AGENCY: _____
DATE: _____ TIME: _____ am/pm

RECEIVED BY: _____ AGENCY: _____
DATE: _____ TIME: _____ am/pm

5. Affix the unique PERK number onto the outside of the box, in the area designated PATIENT'S NAME. Also complete the following:

- Complete the sections for FACILITY, PHONE NUMBER, CLINICIAN and KIT SEALED BY.
- Mark an **X** designating that the PERK has no liquid or wet contents. Wet and liquid items **will not** be accepted by DCLS.
- Under CHAIN OF CUSTODY fill in the name, agency, date, time and where the box will be placed for shipment.

6. Place the sealed PERK into a sturdy box for mailing.





7. Seal the shipping box with packing tape. In the upper left-hand corner, place a return label with the facilities address, next place a unique numbered PERK label, and below that write the date.
8. In the upper right-hand corner, affix the Certified Mail Receipt. The U.S. Postal Service will postmark the receipt and give it to the sender. This receipt must be placed in the patient's medical/forensic record for proof of shipment.
9. In the center of the box, affix a label printed with the address for DCLS. Below that label affix the completed green U.S. Postal Service Certified Mail address card. Upon receipt of the package by DCLS, this card will be mailed back to the sender and should also be placed in the patient's medical/forensic record for proof of shipment.